



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT#7

RECEIVED

Complete this report in duplicate at the time of the regular monthly preventative maintenance. **By Carol Day at 7:29 pm, Dec. 05, 2015** is repaired.
Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 12/03/15
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST JOSEPH MO 64501		TIME OF INSPECTION 2049

CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG428002 EXP. DATE 10-07-16

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .099	TEST 2 - .099	TEST 3 - .098
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☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	4	(.10-.14)	2	(.15-.19)	4	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER EXPIRATION DATE

250124

PRINT NAME

SGT WAYNE BYROM

TELEPHONE NUMBER

816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 8-Oct-2014

Lot # AG428002

Exp. Date
7-Oct-2016

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 \pm 2% BrAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.10.08 12:15:00 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

TV Serial no: 189482
Version no: 592B

TEST RECORD 00150

Temp Date Time 2101
9/

Unit: RTI
12/03/15 21:01

Subject Name

Subject I.D.

Operator Name, I.D.

Byron
Location

TV Serial no: 189482
Version no: 592B

TEST RECORD 00147

Temp Date Time 2101
9/

Unit: Black:
12/03/15 20:49 .000
Calibration Check:
12/03/15 20:49 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Byron
Location

TV Serial no: 189482
Version no: 592B

TEST RECORD 00145

Temp Date Time 2101
9/

Unit: Black:
12/03/15 20:54 .000
Calibration Check:
12/03/15 20:54 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Byron
Location

TV Serial no: 189482
Version no: 592B

TEST RECORD 00149

Temp Date Time 2101
9/

Unit: Black:
12/03/15 20:57 .000
Calibration Check:
12/03/15 20:57 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Byron
Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

WAYNE BYROM

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/8/2015

NUMBER 250124

EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

KSD 680 02-1 (5-10)

LAB 4 (2-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri</small>	
Operator BYROM, WAYNE Permit No 250124 Date Issued 6/8/2015 Date Expires 6/8/2017	